



3-12-08

YRW

Express Mail Mailing Label No.: EM082257120US

TRANSMITTAL  
FORM

|                           |                |
|---------------------------|----------------|
| Application Serial Number | 10/577,348     |
| Filing Date               | April 28, 2006 |
| First Named Inventor      | Browning       |
| Group Art Unit            | 3734           |
| Examiner Name             | Blatt, Eric D. |
| Attorney Docket No.       | MPA-004        |
| Confirmation No.          | 6914           |

## ENCLOSURES (check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Check attached<br><input type="checkbox"/> Copy of Fee Transmittal Form<br><input checked="" type="checkbox"/> Amendment/Response (6 pgs.)<br><input type="checkbox"/> Preliminary<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson<br>including Drawings<br>[Total Sheets ____]<br><input type="checkbox"/> Petition for Extension of Time<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Form PTO-1449<br><input type="checkbox"/> Copies of IDS Citations<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Sequence Listing submission<br><input type="checkbox"/> Paper Copy/CD<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Nonprovisional Application<br><input type="checkbox"/> Formal Drawing(s)<br><input type="checkbox"/> Request For Continued Examination (RCE) Transmittal<br><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> CD(s) for large table or computer program<br><input type="checkbox"/> Amendment After Allowance<br><input type="checkbox"/> Request for Certificate of Correction<br><input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences<br><input type="checkbox"/> Appeal Brief (in triplicate)<br><input type="checkbox"/> Status Inquiry<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8<br><input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8<br><input type="checkbox"/> Additional Enclosure(s) (please identify below) |
|---|--|--|

## CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
Kirkpatrick & Lockhart Preston  
Gates Ellis LLP  
State Street Financial Center  
One Lincoln Street  
Boston, MA 02111-2950  
Tel. No.: (617) 261-3100  
Fax No.: (617) 261-3175

## SIGNATURE BLOCK

Respectfully submitted,  
  
*Ronda P. Moore, D.V.M.*  
Ronda P. Moore, D.V.M.  
Attorney for the Applicant  
Kirkpatrick & Lockhart Preston  
Gates Ellis LLP  
State Street Financial Center  
One Lincoln Street  
Boston, MA 02111-2950

Date: March 11, 2008  
Reg. No.: 44,244  
Tel. No.: (617) 261-3167  
Fax No.: (617) 261-3175



Express Mail Mailing Label No.: EM082257120US

PATENT  
Attorney Docket No.: MPA-004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Browning                      CONFIRMATION NO.: 6914  
APPLICATION NO.: 10/577,348              GROUP NO.: 3734  
FILING DATE: April 28, 2006              EXAMINER: Blatt, Eric D.  
TITLE: Hernia Prosthesis

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT**

Dear Sir:

This paper is responsive to a restriction requirement issued in an Office action mailed from the U.S. Patent and Trademark Office on February 11, 2008, in relation to the above-identified application. The Office Action, pursuant to 35 U.S.C. § 121, sets forth a restriction requirement requiring Applicant to elect one of the following alleged inventions for prosecution on the merits, namely:

Group I, claims 1-14, drawn to a prosthesis for repair or to resist the formation of an abdominal wall hernia.

Group II, claims 15-17, drawn to a method for treating hernia.

In response to the Restriction Requirement, Applicant elects, without traverse, Group II, claims 15-17, drawn to a method for treating hernia, for prosecution at this time.

In addition, Applicant hereby amends claims 15-17 and submits new claims 18-32 as indicated in the listing of claims starting on Page 2 of this paper. Applicant respectfully submits that no new matter is introduced by the claim amendments.

Applicant believes no fee is due for this submission. However, if a fee is due, please consider this a conditional petition and a conditional authorization to charge the required fee for this submission to Deposit Account No. 50-1721.